



INFORME DE LA ESCUELA **STATEMENT FROM SCHOOL**

CSO/WORKER NAME / NOMBRE DEL FUNCIONARIO/CSO	TELEPHONE NUMBER / NUMERO DE TELÉFONO
CLIENT IDENTIFICATION NUMBER / NUMERO DE IDENTIFICACIÓN DE CLIENTE	DATE / FECHA

SECTION 1: FILL OUT THIS SECTION BEFORE TAKING IT TO THE SCHOOL.

SECCIÓN 1: LLENE ESTA SECCIÓN ANTES DE PRESENTARLA EN LA ESCUELA.

By signing here, I give my permission to the school to complete this form for the Department of Social and Health Services (DSHS). Al firmar aquí, doy mi consentimiento para que la escuela complete este formulario para el Departamento de Servicios Sociales y de Salud (DSHS).

YOUR NAME / SU NOMBRE	YOUR SIGNATURE / SU FIRMA	DATE / FECHA
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NAME OF SCHOOL / NOMBRE DE LA ESCUELA

SCHOOL ADDRESS DIRECCIÓN DE LA ESCUELA	STREET ADDRESS CALLE Y NÚMERO	CITY / CIUDAD	STATE / ESTADO	ZIP CODE / CÓDIGO POSTAL
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SECTION 2: THE PERSON IN THE SCHOOL'S OFFICE WHO IS IN CHARGE OF ATTENDANCE FILLS OUT THIS SECTION.

SECCIÓN 2: LA PERSONA EN LA OFICINA DE LA ESCUELA, QUE ESTÁ ENCARGADA DE LA ASISTENCIA, LLENA ESTA SECCIÓN.

A. COMPLETE THE FOLLOWING FOR EACH CHILD FROM THIS FAMILY ATTENDING YOUR SCHOOL.

CHILD'S NAME	BIRTHDATE	IS THE CHILD ATTENDING SCHOOL:	IS THE CHILD IN SPECIAL EDUCATION CLASSES?	IS THE CHILD MAKING SATISFACTORY PROGRESS IN SCHOOL?	IF THE CHILD IS 16 OR OLDER, WHEN IS S/HE EXPECTED TO GRADUATE?
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

B. WHAT IS THE HOME ADDRESS THAT YOU HAVE ON FILE FOR THE CHILDREN?

C. COMPLETE THE FOLLOWING FOR THE PEOPLE YOU ARE SUPPOSED TO CONTACT IN CASE OF EMERGENCY.

NAME	RELATIONSHIP TO CHILD	ADDRESS (INCLUDE CITY AND ZIP CODE)	TELEPHONE NUMBER

D. PLEASE PROVIDE THE FOLLOWING INFORMATION IN CASE WE NEED TO CONTACT YOU.

SIGNATURE	YOUR NAME (PLEASE PRINT CLEARLY)	TODAY'S DATE
TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER